

Please type a plus sign (+) inside this box ☐UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

DEP5111NP

First Inventor

GARY P. GOODFRIED

Title

MODULAR IMPLANT SYSTEM WITH FULLY POROUS  
COATED SLEEVE

Express Mail Label No.

EU813685955US

19270 U.S. PTO  
10/817051

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 45]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets 16]

5. Oath or Declaration [Total Pages 8]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)c. ☐ Unexecuted (original or copy)i. ☐ **DELETION OF INVENTOR(S)**Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b).6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))10. ☒ 37 CFR 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement(IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)

(if foreign priority is claimed)

16. ☐ Request and Certifications under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form  
PTO/SB/35 or its equivalent.17. ☐ Other18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a  
preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed .

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an  
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying  
continuation or divisional application and is hereby incorporated by reference. The incorporation can only be  
relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **000027777** or ☐ Correspondence Address below

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Address: Johnson & Johnson  
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## 20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to STEPHEN J. MANICH at:

Telephone: (574) 372-7796 Fax: (574) 372-7596

## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

STEPHEN J. MANICH

Reg. No. 30,657

SIGNATURE

*Stephen J Manich*

DATE

April 2, 2004

040204

17157 U.S. PTO

040204

040204  
1757 U.S. PTO

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	GARY P. GOODFRIED
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	DEP5111NP

### FEE CALCULATION

#### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	34 - 20 =	14	x 18.00	\$252.00
INDEPENDENT CLAIMS	7 - 3 =	4	x 84.00	\$336.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			<b>TOTAL FEES</b>	<b>\$1358.00</b>

### METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/DEP5111NP/SJM in the amount of 1358.00.  
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5111NP/SJM. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	STEPHEN J. MANICH	Reg. No. 30,657
Signature	<i>Stephen J Manich</i>	<b>Deposit Account No. 10-0750</b>
	Date: 4/2/2004	

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant: GARY P. GOODFRIED

For : MODULAR IMPLANT SYSTEM WITH FULLY POROUS COATED  
SLEEVE

Express Mail Certificate

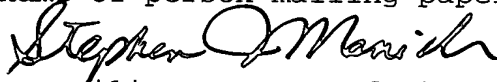
"Express Mail" mailing number: EU813685955US

Date of Deposit: April 2, 2004

I hereby certify that this complete application, including specification pages, claims, informal drawings, declaration and assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

Stephen J. Manich

(Typed or printed name of person mailing paper or fee)

A handwritten signature in black ink, appearing to read "Stephen J. Manich", written over a horizontal line.

(Signature of person mailing paper or fee)